

Indian Health Diabetes Best Practice Community Advocacy for Diabetes

Revised July 2009

Indian Health Service
Division of Diabetes Treatment and Prevention
5300 Homestead Road NE
Albuquerque, New Mexico 87110
<http://www.diabetes.ihs.gov/>



Table of Contents

Best Practice Guidelines	3
What is community advocacy for diabetes?.....	3
Why is community advocacy for diabetes important?	3
Key Recommendations.....	4
Scope and Purpose	5
Monitoring Progress and Outcomes.....	5
Key Measures.....	6
Example: Program to Introduce Healthier Foods in School Lunches	6
Community Recommendations	7
1. Conduct community needs assessments to determine resources, interests, and requirements for diabetes efforts in the community.	7
2. Develop partnerships and community advocacy groups where people can work together to improve their community and effectively address diabetes prevention and care.....	8
3. Provide community education to increase awareness of the risk factors for diabetes and to inform the community that diabetes and its complications can be prevented or delayed through sustained lifestyle changes that result in modest weight loss.	9
4. Develop a strategic plan.	10
Vision (The Dream)	10
Mission (The What and Why)	10
Objectives (How much of what will be accomplished by when?).....	11
Strategies (The How)	11
Action Plan (What change will happen? Who will do what by when to make it happen?).....	11
5. Involve community partners in participatory evaluation.	12
Organization Recommendations	12
1. Adopt System and Programmatic Changes.....	12
Evaluating a Community Advocacy Program for Diabetes.....	13
Sustaining a Community Advocacy Program for Diabetes	14
Tools and Resources	15
Web-based Resources	15
Examples of Current Best Practice Programs	17
Additional Contacts.....	18
References.....	19
Appendix A.....	21
Improving Community Advocacy for Diabetes	21
1. What are you trying to do?	21
2. How will you know if what you do makes things better?.....	21
3. What can we do to make things better?	21

Best Practice Guidelines

The work of building healthier communities takes time: our time, that of our children, and that of our children's children. Decisions and actions taken today “must consider the impact on the seventh generation.” (Great Law of the Iroquois)

What is community advocacy for diabetes?

Community advocacy for diabetes is any combination of individual and social actions that are directed at developing a positive policy environment for diabetes, raising awareness of diabetes, and building support to address diabetes. A critical principle of advocacy is that advocacy efforts should be based on evidence (Stimson et al., 2003; Roubideaux et al., 2001).

- Advocacy is *active* promotion of a cause or principle.
- Advocacy involves *actions* that lead to a selected goal.
- Advocacy is one of many possible *strategies*, or ways to approach a problem.
- Advocacy can be used as *part of a community initiative*, nested in with other components.
- Advocacy is *not* direct service. (Work Group on Health Promotion and Community Development, 2009).

Why is community advocacy for diabetes important?

People with diabetes are not alone. Diabetes affects families and whole communities. In addition to family support, *community* support and advocacy can make a big difference in the outcomes for people with diabetes and in promoting diabetes prevention.

Furthermore, the community is the heart of public health. Public health is the fulfillment of society's interest in ensuring that people live in healthy conditions (Institute of Medicine [IOM], 2002). All community members have a role in public health. Everyone is needed to work together on diabetes prevention and treatment efforts to help make life better for people and communities affected by diabetes.

Community advocacy can help to:

- Offer the community an opportunity to take action to improve health for individuals, their families, and their community.
- Encourage dialogue, negotiation, and consensus among all community members.
- Raise awareness about hopeful diabetes treatment and prevention news and reduce the stigma associated with diabetes.
- Engage Tribal leaders and other key partners in awareness and advocacy efforts.
- Mobilize and coordinate resources for community-based diabetes initiatives.

Realizing the vision of healthy people in healthy communities is possible only if the community, in its full cultural, social, and economic diversity, is an authentic partner in changing the conditions for health. (IOM, 2002)

Key Recommendations

Key Recommendations
Conduct community needs assessments to determine resources, interests, and requirements for diabetes efforts in the community.
Develop partnerships and community advocacy groups where people can work together to improve their community and effectively address diabetes prevention and care.
Provide education to increase awareness of the risk factors for diabetes and inform the community that diabetes and its complications can be prevented or delayed through sustained lifestyle changes that result in modest weight loss.
Develop a strategic plan.
Involve community partners in participatory evaluation.

Scope and Purpose

This best practice provides recommendations for developing public policy, raising awareness, and building support for individuals and families at risk for, or living with diabetes.

This best practice addresses the following questions:

1. What is the purpose of community advocacy groups?
2. How do you conduct a community needs assessment?
3. How do you write clearly defined, measureable goals and objectives?
4. How do you evaluate a community advocacy program for diabetes?
5. How do you know that leaders support community-based diabetes initiatives?
6. What new partnerships can be formed for effective programming?
7. What are effective ways to actively engage the community regarding diabetes prevention and care?

The best practice objectives are to:

- Implement best practice approaches in community advocacy for diabetes.
- Provide effective strategies for increasing community awareness of and advocacy for diabetes prevention and treatment opportunities. Such opportunities are intended to reduce the burden of diabetes in American Indian and Alaska Native (AI/AN) communities.

The intended users of this best practice include:

- community members with an interest in diabetes prevention and care
- health care staff who provide diabetes education and/or services
- leaders of health care and community organizations, and
- Tribal leaders.

Monitoring Progress and Outcomes

Evaluation needs to be an integral part of any project from the beginning. Participatory evaluation involves all the stakeholders in a project—those directly affected by it or those carrying it out. Project evaluation helps you find out what happened and how to use the information for improvements to meet community stakeholders' needs.

Key Measures

Key Measures for Monitoring Progress and Outcomes
<p>The following measures are of primary importance:</p> <ol style="list-style-type: none">1. Members of a local Community Diabetes Advocacy Group will include, at a minimum, a community member who has diabetes, the family member of a person with diabetes, and representatives from three community entities and/or health care facilities.2. Number of health-related policies that are implemented as a result of action by the Community Diabetes Advocacy Group.

Evaluation should look at two areas:

- **Process.** The process of a project includes the planning and logistical activities needed to set up and run it. Did we do a proper assessment beforehand so we would know what the real needs were? Did we use results of the assessment to identify and respond to those needs in the design of the project? Did we do what we intended? Did we involve the people we intended to involve? Did we have the community support we expected? Did we monitor and evaluate as we intended?
- **Outcomes.** The project's outcomes are its results—what actually happened as a consequence of the project. Did our work have the effects we hoped for? Did it have other, unforeseen effects? Were they positive or negative (or neither)? Do we know why we got the results we did? What can we change, and how, to make our work more effective? (Work Group on Health Promotion and Community Development, 2009, Community Tool Box, Chapter 1, Section 11)

Here is an example from The Community Tool Box to help you think about and plan participatory evaluation of your diabetes project:

Example: Program to Introduce Healthier Foods in School Lunches

“What's the real goal of your program to introduce healthier foods in school lunches?” It could be simply to convince children to eat more fruits, vegetables, and whole grains. It could be to get them to eat less junk food. It could be to encourage weight loss in kids who are overweight or obese. It could simply be to educate them about healthy eating, and to persuade them to be more adventurous eaters.

The evaluation questions you ask both reflect and determine your goals for the program. If you don't measure weight loss, for instance, then clearly that's not what you're aiming at. If you only look at an increase in children's consumption of healthy foods, you're ignoring the fact that if they don't cut down on something else (junk food, for instance), they'll simply gain weight. Is that still better than not eating the healthy foods?

Community Recommendations

Building healthier communities involves local people working together to transform the conditions and outcomes that matter to them. That civic work demands an array of core competencies, such as community assessment, planning, community mobilization, intervention, advocacy, evaluation, and marketing successful efforts. Supporting this local and global work requires widespread and easy access to these community-building skills. However, these skills are not always learned, nor are they commonly taught either in formal or informal education.

[Editor's Note: The following section is summarized from the Internet-based support system for building healthier communities; Work Group on Health Promotion and Community Development at University of Kansas. The Community Toolbox: Part 1, Organizing for Effective Advocacy. Assessing Community Needs and Resources Toolkit. 2009.]

1. Conduct community needs assessments to determine resources, interests, and requirements for diabetes efforts in the community.

Why?

A community needs assessment may help determine resources, interests, and requirements of diabetes efforts in the community (Work Group on Health Promotion and Community Development, 2009).

How?

- A. Develop a plan to identify local needs and resources.
- B. Conduct public forums, listening sessions, focus groups, surveys, and interviews to identify community assets, resources, opportunities, and challenges.
- C. Create a report on the needs to build a healthy community.
- D. Present findings to the community in a forum-style meeting.

- E. Use feedback from assessments and community members to develop and track the progress of effective and culturally appropriate, community-directed diabetes programs that complement and support the clinical diabetes program.

2. Develop partnerships and community advocacy groups where people can work together to improve their community and effectively address diabetes prevention and care.

Why?

Successful prevention and treatment of diabetes requires the involvement of policymakers, health care organizations, people with diabetes and their families, and communities (Garfield et al., 2003). Community partnership and participation is particularly important to the success and effectiveness of diabetes programs. Sustained positive change cannot be achieved without the support, commitment, and involvement of the community. The underlying principle of community participation is to promote change by offering the community ways to take greater control of health (Stimson et al., 2003).

Community advocacy groups should be established to mobilize communities, build local capacity, help disseminate diabetes information, strengthen strategic partnerships, combine expertise, and leverage resources. Community advocacy groups can carry out the key functions of advocacy, which include understanding community perceptions and opinions, addressing misinformation, and working with community leaders, media, and decision makers to build support for resources and policies to address diabetes.

How?

Identify new partnerships and foster existing ones with:

- Tribal leaders
- decision makers and policymakers
- community leaders and groups most affected by diabetes
- community activists and advocacy groups
- business leaders
- media
- health care providers
- non-profit organizations and other federal agencies, and
- leaders of the faith community.

3. Provide community education to increase awareness of the risk factors for diabetes and to inform the community that diabetes and its complications can be prevented or delayed through sustained lifestyle changes that result in modest weight loss.

Why?

According to the Task Force on Community Preventive Services, there is sufficient evidence that diabetes self-management education is effective in community gathering places for adults with type 2 diabetes with a broad range of ages and ethnic backgrounds (Briss et al., 2000).

How?

- A. Use evidence-based community guidelines to develop and implement community education and health promotion programs, such as programs that promote healthful eating behaviors and increased physical activity.
- B. Use talking circles to provide an opportunity for people to talk freely about diabetes with truth and openness. Talking circles can help people understand diabetes, find support for managing diabetes, and help prevent onset of the disease in family members who are at increased risk. This technique has been shown to be particularly effective at providing information on type 2 diabetes (Struthers, Hodge, De Cora, et al., 2003; Struthers, Hodge, et al., 2003; Struthers, Kaas et al., 2003; Hodge, et al., 1999; Hodge et al., 2002). In addition, talking circles can help health care providers understand what activities the community will accept.
- C. Provide training to health care providers on community advocacy, so they can understand that working together with the community is essential for successful diabetes program planning, development, implementation, and evaluation (IOM, 2002).
- D. Diabetes educators and other health care professionals should support the role of community health workers in serving as bridges between the health care system and people with, and at risk for, diabetes (AADE 2009; Norris et al., 2006; Satterfield, et al., 2002).
- E. Orient people with diabetes, their families, and the community to the health care system and providers.
- F. Encourage the health care system and providers to offer patients health-related information that is culturally appropriate and at the appropriate literacy level.
- G. Establish programs to help community members become “expert users” of the Indian health system.

- H. Conduct public information campaigns about diabetes and pre-diabetes.
- I. Participate in governing boards and task forces to educate community leaders about diabetes.
- J. Refer to the Indian Health Diabetes Best Practices, including those on physical activity, nutrition, adult weight management, youth and diabetes, diabetes and pregnancy, breastfeeding and diabetes, school health, diabetes self-management education, and community diabetes screening, to develop informational education messages (IHS DDTP Best Practices, 2009).

4. Develop a strategic plan.

Why?

A strategic plan brings focus to your ideas and activities by creating a “roadmap” for making a difference in diabetes prevention and care. A strategic plan grounds your dreams. It makes good ideas possible by laying out what needs to happen in order to achieve your vision.

The strategic planning process should be a group effort, taking care to involve both people affected by diabetes and those with capacities to change it. This process enables your program to build consensus around your vision and the necessary steps the program should take to achieve it.

How?

One way to make that journey is through strategic planning, the process by which a group defines its own "VMOSA," its **V**ision, **M**ission, **O**bjectives, **S**trategies, and **A**ction Plans. VMOSA is a practical planning process that can be used by any community organization or initiative. This comprehensive planning tool can help your organization by providing a blueprint for moving from dreams into actions and positive outcomes for your community (Work Group on Health Promotion and Community Development at University of Kansas, 2009).

Vision (The Dream)

Your vision communicates what your organization believes are the ideal conditions for your community: how things would look if the issues important to you were perfectly addressed.

Mission (The What and Why)

An organization's mission statement describes *what* the group is going to do, and *why* it's going to do that. Mission statements are similar to vision statements, but they're more concrete, and they are definitely more "action-oriented" than vision statements.

Objectives (How much of what will be accomplished by when?)

Once an organization has developed its mission statement, its next step is to develop the specific objectives that are focused on achieving that mission. Objectives refer to specific measurable results for the initiative's broad goals. An organization's objectives generally lay out *how much* of *what* will be accomplished by *when*.

Strategies (The How)

The next step in the process of VMOSA is developing your strategies. Strategies explain *how* the initiative will reach its objectives. Generally, organizations will have a wide variety of strategies that include people from all of the different sectors of the community. These strategies range from broad ones that encompass people and resources from many different parts of the community, to very specific strategies that take place on a much smaller level.

Action Plan (What change will happen? Who will do what by when to make it happen?)

Finally, an organization's action plan describes in great detail exactly *how strategies will be implemented* to accomplish the objectives developed earlier in this process. The action plan contains: 1) specific (community and systems) changes to be sought, and 2) specific action steps necessary to bring about changes in all relevant sectors of the community.

The action plan outlines key aspects of the changes to be implemented. Action steps are developed for each component of the intervention. These include:

- Action steps: What will happen?
- Person(s) responsible: Who will do what?
- Dates completed: When will each step be completed?
- Resources required: What resources and support are needed (both in terms of what is needed and what is available)?
- Barriers or resistance and a plan to overcome them: What problems are we likely to encounter? How will we address these problems?
- Collaborators: Who else should know about this action?

5. Involve community partners in participatory evaluation.

Why?

Participatory evaluation involves community stakeholders in setting evaluation criteria for a project, collecting and analyzing data, and using information gained to adjust and improve the project. Participatory evaluation isn't simply a matter of asking stakeholders to take part. Involving everyone affected changes the whole nature of a project from something done *for* a group of people or a community, to a partnership *between* beneficiaries and project implementers. Rather than powerless people who are acted on, beneficiaries become the co-pilots of a project, making sure that their real needs and those of the community are recognized and addressed. Professional evaluators, project staff, project beneficiaries or participants, and other community members all become colleagues in an effort to improve the community's quality of life.

How?

Participatory evaluation involves all of the stakeholders in a project—those directly affected by it or affected by carrying it out. Evaluation of the project helps you find out what happened and how to use the information to improve the project to meet community stakeholder needs.

Evaluation should look at two areas: process and outcomes. See the section on Monitoring Progress and Outcomes.

Organization Recommendations

A health care organization that wants to improve community advocacy efforts must be motivated and prepared for change to occur throughout the organization. Organizational leadership must identify community advocacy as important work. Leaders must develop clear improvement goals and policies, and effective strategies to achieve them.

Adopt system and programmatic changes.

Why?

System and programmatic changes that help support people in their efforts to prevent and control diabetes have been associated with increased delivery of appropriate diabetes care. Community advocacy may help bring people together to raise awareness and initiate action on diabetes prevention and care (Stimson et al., 2003).

The **Social-Ecological Model**, currently used by the public health community, provides a framework for addressing and influencing a person's physical, social, and cultural

surroundings in order to support long-term, healthy lifestyle choices. The model encompasses all of the key sectors of society—individual, interpersonal, organizational, community, and broader society—and is consistent with the value of connectedness of self, community, and place that is intrinsic in American Indian and Alaska Native communities (Caprio et al., 2008).

How?

- A. Create a supportive policy environment at the Tribal, clinical, local, and national levels to engage community members in planning, advocating, and implementing diabetes programs.
- B. Support and provide needed resources, services, and policy changes.
- C. Provide education to increase awareness of diabetes among community members.
- D. Educate health care providers on community advocacy.
- E. Strengthen cooperation between clinical programs and community programs.

Evaluating a Community Advocacy Program for Diabetes

Evaluation is a vital component of effective health care management. Develop an evaluation plan that:

- Identifies the aim for community advocacy and diabetes.
- Defines program goals and objectives.
- Establishes measures that can be used to monitor progress. For example:
 - Evaluate the health-related policies that have been implemented as a result of the community advocacy group's actions.
 - Evaluate the diabetes-related partnerships, task forces, and networks that were initiated by the community advocacy group.
 - Evaluate the number of partnerships established with other groups working on diabetes.
- Evaluates whether the community increased its awareness of diabetes as a result of the community advocacy group's actions.
- Assigns responsibility for data collection.
- Determines how often data are collected.

- Identifies how data are displayed for analysis.
- Defines how often data are shared with the team and organization leaders.
- Defines how evaluation data are used to improve and sustain community advocacy approaches.

You can link to online training and a workbook to get more ideas about setting goals and objectives and developing a program plan at:

<http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Training/WebBased/Basics/CreatingWorkbook.pdf>

There are three fundamental questions to ask as you plan and implement your best practice. These questions are:

- 1. What are you trying to do by implementing this best practice?**
- 2. How will you know if what you do makes things better?**
- 3. What can you do to make things better?**

See Appendix A for sample answers to these questions specifically related to community advocacy for diabetes.

The recommendations are intended to be used within American Indian and Alaska Native communities and are consistent with the *IHS Standards of Care for Adults with Type 2 Diabetes*. This document reflects knowledge and tools available through June 2009.

Sustaining a Community Advocacy Program for Diabetes

The following elements are needed to enhance the sustainability of this best practice:

- strong leadership and organizational support that includes funding for staff, training, and resources
- establishing policies that support effective diabetes programs
- recognition of the people working on community advocacy efforts
- use of community advisory groups to keep your community mobilized
- ongoing community assessments to determine what is needed for improvements to meet the community's needs and desires, and
- a flexible and dynamic strategic plan.

Tools and Resources

Web-based Resources

A workbook (with online training course) on effective program planning and evaluation. IHS Division of Diabetes Treatment and Prevention [Internet]. [July 2009] Creating Strong Diabetes Programs: Plan a Trip to Success.

<http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Training/WebBased/Basics/Creating/Workbook.pdf>

An online training course on effective program planning and evaluation. IHS Division of Diabetes Treatment and Prevention [Internet]. [July 2009] Creating Strong Diabetes Programs: Plan a Trip to Success.

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=trainingBasicsCreating>

Association of American Indian Physicians (AAIP) Diabetes Program. The AAIP Diabetes Program is a member of the National Diabetes Education Program (NDEP) American Indian Alaska Native Workgroup. This workgroup develops culturally sensitive and relevant campaigns and materials to target diabetes education in Native American populations. The program has a list of AI/AN materials and campaigns.

<http://www.aaip.org/?DIABETESINFORMATION>

American Diabetes Association Native American Program: Awakening the Spirit 800-342-2383 <http://www.diabetes.org/>

The American Diabetes Association funds research; publishes scientific findings; provides information and other services to people with diabetes, their families, health care professionals, and the public; and advocates for scientific research, SDPI funding, and the rights of people with diabetes. American Diabetes Association's Native American Program: Awakening the Spirit, developed a Diabetes Advocacy Kit in 2008 with tips specific to Native American diabetes programs. The Awakening the Spirit team sponsors the annual SDPI "Voices for Change" Award to recognize excellence in advocacy, innovation, and outcomes in diabetes prevention and treatment services in Native American communities. Click on "Download Advocacy Kit."

<http://www.diabetes.org/communityprograms-and-localevents/nativeamericans/awakening.jsp>.

American Public Health Association <http://www.apha.org>

APHA provides advocacy on health issues for the nation. Select "Advocacy" for tips and resources on community advocacy.

Active Living by Design <http://www.activelivingbydesign.org/index.php?id=293>

This website provides information on the Community Action Model.

Centers for Disease Control and Prevention (CDC)

This website provides helpful information on community mobilization (please note that the information is neither diabetes-specific nor American Indian and Alaska Native-specific).

<http://www.cdc.gov/ncidod/dvrd/spb/mnpages/vhfmanual/section8.htm>

This website provides information on evidence-based recommendations for programs and policies to promote community health.

<http://www.thecommunityguide.org/index.html>

CDC's Healthy Communities Program

This program is engaging communities and mobilizing national networks to focus on chronic disease prevention. Communities are working to change the places and organizations that touch people's lives every day—schools, work sites, health care sites, and other community settings—to turn the tide on the national epidemic of chronic diseases.

<http://www.cdc.gov/healthycommunitiesprogram/index.htm>

Work Group on Health Promotion and Community Development, University of Kansas. The Community Toolbox: Part 1, Organizing for Effective Advocacy. Assessing Community Needs and Resources Toolkit. 2009. This online tool kit is the “gold standard” for community-based skill-building information. Created and maintained by the Kansas Work Group on Health Promotion and Community Development, the core of the site is the “how-to tools,” including information on principles of advocacy (e.g., recognizing allies and opponents), conducting advocacy research, providing encouragement and education, conducting a direct action campaign (e.g., personal testimony letters), media advocacy, and responding to opposition. Available online at: <http://ctb.ku.edu/en/tablecontents/> Click on Part 1: Organizing for Effective Advocacy.

Diabetes Prevention Program (DPP)

This site contains study documents regarding the research aspects of the DPP and curricula for planning diabetes prevention information and education campaigns.

<http://www.bsc.gwu.edu/dpp/>

IHS Division of Diabetes Treatment and Prevention (IHS DDTP). IHS DDTP is responsible for developing, documenting, and sustaining clinical and public health efforts to treat and prevent diabetes in American Indians and Alaska. The website includes a staff directory and information on the SDPI programs, IDERP, training opportunities and resources and tools.

<http://www.ihs.gov/MedicalPrograms/Diabetes/>

National Diabetes Education Program (NDEP)

The NDEP is a federally funded program including over 200 partners at the federal, state, and local levels. NDEP translates the latest science and spreads the word that diabetes is serious, common, and costly, yet controllable, and for type 2, preventable.

NDEP has a number of American Indian/Alaska Native-specific resources on diabetes prevention and control, including patient education materials, PowerPoint slides, fact sheets, and PSAs for print, television, and radio. These messages and materials are ideal for community advocacy campaigns and have been developed in partnership with the NDEP's American Indian/Alaska Native Work Group. They may be downloaded at: <http://www.ndep.nih.gov/>

National Indian Health Board (NIHB)

The NIHB provides advocacy and policy formation and analysis to Tribes, Area Health Boards, Tribal organizations, federal agencies, and private foundations. The Area Health Boards serve as the communication link between the NIHB and the Tribes. Area Health Boards advise in the development of positions on health policy, planning, and program design. They gather information and review public opinion and proposals. <http://www.nihb.org/>

Partnership for Prevention.

The Partnership for Prevention has resources such as "Diabetes Self-Management Education (DSME): Establishing a Community-Based DSME Program for Adults with Type 2 Diabetes to Improve Glycemic Control—An Action Guide" and "The Community Health Promotion Handbook: Action Guides to Improve Community Health."

Washington, DC: Partnership for Prevention; 2008. The Handbook and five Action Guides can be downloaded from the Internet at:

<http://www.prevent.org/actionguides/DiabetesProgram.pdf>

Examples of Current Best Practice Programs

Diabetes Talking Circles

Lorelei De Cora, RN, BSN

(402) 878-2392

ldecora@seva.gov

Seva Foundation

Native American Diabetes Project's Diabetes Talking Circles

PO Box 225

Winnebago, NE 68071

Diabetes Talking Circles is a research-based, culturally appropriate, and well-accepted diabetes education program for American Indians living with diabetes or at-risk for diabetes. The goal of the program is to prevent, treat, and control diabetes. The program consists of a twelve-session curriculum, facilitator's manual, toolkit, and materials for each session. Diabetes Talking Circles uses traditional circles and food, along with group support in a spiritual setting, to create an acceptable way for participants to express their feelings about living with diabetes, receive support, absorb information, and strengthen traditional ties.

Eastern Band of Cherokee Indians

Sally Sneed, RN, Diabetes Program Manager
Eastern Band of Cherokee Indians Health and Medical Division
43 John Crowe Hill Rd.
PO Box 666
Cherokee, NC 28719
(828) 497-1996
sallsnee@nc-choerokee.com

This program offers a comprehensive diabetes care and education program with active community advocacy.

Seneca Nation of Indians Health Department

Carmen Repicci, RN, BSN,
Diabetes Prevention Program (DPP) Coordinator
Special Diabetes Program for Indians (SDPI) Competitive Grant
Luane Spruce, RN, BSN,
Diabetes Core Program
Special Diabetes Program for Indians (SDPI) Non-competitive Grant
Seneca Nation of Indians Diabetes Programs
Medical Clinic on Cattaraugus Territory
1510 Route 438
Irving, NY 14081
(716) 532-5582

Seneca Nation offers a full-range of DSME services to community members through the comprehensive diabetes program. There are multiple venues for engaging community advocates.

Additional Contacts

Persons or programs that sites might contact for further ideas and assistance.

Area Diabetes Consultants. Contact information for Area Diabetes Consultants can be viewed at:

<http://www.ihs.gov/MedicalPrograms/diabetes/index.cfm?module=peopleADCDirectory>

References

- American Association of Diabetes Educators (AADE). Community Health Workers in Diabetes Management and Prevention (AADE Position Statement.). The Diabetes Educator, 2009. In press.
http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/CommunityHealthWorkerPositionStatement2009.pdf
- Briss PA, Zaza S, Pappaioanou M, et al. Developing an evidence-based Guide to Community Preventive Services—methods. The Task Force on Community Preventive Services. Am J Prev Med 2000;18(suppl 1):35–43.
- Caprio, S. et al. Influence of Race, Ethnicity, and Culture on Childhood Obesity: Implications for Prevention and Treatment. A Consensus Statement of Shaping America's Health and the Obesity Society. Diabetes Care, 2008;31(11):2217.
- Gallivan J, Greenberg R, Brown C. The National Diabetes Education Program evaluation framework: how to design an evaluation of a multifaceted public health education program. Preventing Chronic Disease. 2008;5(4):A134. Published online 2008 Sept. 15. Accessed July 10, 2009.
- Garfield SA, Malozowski S, Chin MH, Venkat Narayan KM, Glasgow RE, Green LW, Hiss RG, and Krumholz HM. Diabetes Mellitus Interagency Coordinating Committee (DMICC) Translation Conference Working Group. Considerations for diabetes translation research in real-world settings. Diabetes Care. 2003;26:2670–74.
- Hodge FS, Pasqua A, Marquez CA, and Geishirt-Cantrell B. Utilizing traditional storytelling to promote wellness in American Indian communities. Journal of Transcultural Nursing. 2002;13(1):6–11.
- Hodge FS and Stubbs H. Talking Circles: Increasing cancer knowledge among American Indian Women. Cancer Therapy and Research. 1999;8:103–11.
- Institute of Medicine. Stoto, MA, Abel CA, and Dielver A, eds. Healthy Communities: New Partnerships for the Future of Public Health. Washington, DC: National Academies Press. 1996.
- Institute of Medicine. The Future of the Public's Health in the 21st Century. The National Academies Press, 2002. Entire book available online free.
http://www.nap.edu/openbook.php?record_id=10548&page=19 Accessed July 9, 2009.
- Norris SL, Chowdhury FM, Van Let K, et al. Effectiveness of community health workers in the care of persons with diabetes. Diabet Med. 2006;23(5):544–556.

Roubideaux R, Dixon M. Promises to Keep: Public Health Policy for American Indians and Alaska Natives in the 21st Century. American Public Health Association. 2001, Washington, D.C.

Satterfield D, Burd C, Valdez L, Hosey G, Eagle Shield J. The “in-between people”: participation of community health representatives in diabetes prevention and care in American Indian and Alaska Native communities. *Health Promot Pract.* 2002;3(2):166–175.

Stimson GV, Donoghoe MC, Fitch C, Rhodes TJ with Ball A and Weiler G. Social mobilization, advocacy, and community participation (Chapter 6). In: *Rapid Assessment and Response Guide, Version 1.0.* Geneva: World Health Organization, 2003. Available online at: http://www.who.int/docstore/hiv/Core/Chapter_6.html [Accessed July 9, 2009.]

Struthers R, Hodge FS, DeCora L, and Geishirt-Cantrell B. (2003). The experience of Native peer facilitators in the campaign against type 2 diabetes. *Journal of Rural Health.* 2003;19(2):174–80.

Struthers R, Hodge FM, Geishirt-Cantrell B, DeCora L. Participant experiences of talking circles in chronic management in type 2 diabetes. *Qualitative Health Research.* 2003;13(8):1094–115.

Struthers R, Kaas M, Hill DL, Hodge F, DeCora L, Geishirt-Cantrell B. Providing culturally appropriate education on type 2 diabetes to rural American Indians: Emotions and racial consciousness. *Rural Community Psychology.* 2003;E6(1).

Work Group on Health Promotion and Community Development, University of Kansas. *The Community Toolbox: Part 1, Organizing for Effective Advocacy. Assessing Community Needs and Resources Toolkit.* 2009. Available online at: <http://ctb.ku.edu/en/tablecontents/> [Accessed July 9, 2009].

Appendix A

Improving Community Advocacy for Diabetes

There are three fundamental questions to ask as you plan and implement your best practice. These questions are:

1. What are you trying to do?

Increase advocacy for diabetes care and education services in the local community by actively involving all stakeholders.

2. How will you know if what you do makes things better?

Over one year, a partnership of at least six community groups has joined the Tribal diabetes care and prevention task force.

A new physical activity policy has been implemented in schools as a result of the community advocacy group's actions.

Within one year, community advocates working with Tribal leaders, school administrators, the diabetes program team, and other partners will develop and implement a new, joint policy that fundraising activities at school will not involve food. The school district and Tribal leaders will make available a list of ideas for acceptable fundraising activities to all parents and students in the district.

Within six months, the partnership will develop relationships with local farmers to make fresh fruits and vegetables more readily available and affordable through weekly markets.

3. What can we do to make things better?

Through a listening session, ask how the community feels about an issue related to diabetes prevention and care, and hear what members think needs to be done about it, before developing the "project."

Establish partnerships with organizations who share a common vision about diabetes prevention and care.

Ensure that the diabetes clinical and community health care team will provide community organizations and coalitions with technical assistance and support in identifying and securing resources as needed, and at all phases of the project.